

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	3					
5	3					
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50						
TOTAL IND.	/					
TOTAL DEP.	/	↓	↓	↓	↓	↓
TOTAL CLAIMS	12					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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